

CLAIMS ONLY							Application Number <i>10/713036</i>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			—				51			
2			—				52			
3			—				53			
4			—				54			
5			—				55			
6			—				56			
7			—				57			
8			—				58			
9			—				59			
10			—				60			
11			—				61			
12			—				62			
13			—				63			
14			—				64			
15			—				65			
16			—				66			
17			—				67			
18			—				68			
19			—				69			
20			—				70			
21			—				71			
22			—				72			
23			—				73			
24							74			
25							75			
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38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			<i>2</i>				Total Indep			
Total Depend			<i>10</i>				Total Depend			
Total Claims			<i>12</i>				Total Claims			